

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

MASSAGE THERAPY APPLICATION FOR REVIEW OF A HOMESTUDY CONTINUING EDUCATION PROGRAM

| | | |
|---|---------|-------|
| SECTION A - Name And Address: (Please <u>print</u> your name and full address) | | |
| First: | Middle: | Last: |
| Address: | | |
| City: | State: | Zip |

Are you the program provider?

☐ Yes ☐ No

Telephone Number: _____

**Use this application
for programs offered
AFTER 11-1-2005**

Date _____ Signature _____

| | | |
|--|--|---|
| SECTION B – Homestudy program Information | | |
| 1. | Name of Textbook or Other Documentation Utilized: | |
| 2. | Indicate which topic area relates to your homestudy program: <input type="checkbox"/> Equipment and Sanitation <input type="checkbox"/> Infectious and Contagious Disease Control <input type="checkbox"/> Anatomy <input type="checkbox"/> Physiology <input type="checkbox"/> Business, <input type="checkbox"/> Pathology <input type="checkbox"/> Hygiene <input type="checkbox"/> Stress Management | The following IS NOT ACCEPTABLE content for homestudy programs: The physical, mechanical, or electrical manipulation of soft tissue and the use of oil, salt glows, heat lamps, and hydrotherapy. If you program also includes massage technique, indicate the # of pages devoted to technique (these hours will not be considered in the total calculation): <div style="text-align: right;"># of pages _____</div> |
| 3. | Number of Hours Requested for Approval: (20 pages = 1 credit; does not include bibliography pages) | |
| 4. | Is an examination utilized to ensure completion of the homestudy? (Attach a copy of the examination) | Answer Yes or No: # of questions _____ # of pages _____ |

SECTION C - Method of Completion Verification.

- **Attach** a sample copy of the documentation the provider issues to licensees as **proof of attendance** at the program (please identify this attachment as 'Attachment E'). This must include: participant name, name of provider and provider's signature, name of program, and hours earned by participant.

Advertisement of Approvals. After the Board has granted its written approval of the application, the program sponsor must publish on all program advertisements the following statement: The Nebraska Board is not making judgement nor does it endorse the effectiveness or potential risks of approved programs and is entitled to state upon any publication which advertises or announces the program, the following statement: "This program is approved for ____ hours of continuing competency by the Nebraska Board of Massage Therapy."

NOTE: A licensee may earn up to 10 credits through homestudy. This application may take 45 days to review from the date of receipt of this application. In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.

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| BOARD DECISION and DISCLAIMER: The Nebraska Board of Massage Therapy is not making judgement nor does it endorse the effectiveness or potential risks of approved programs. | |
| <input type="checkbox"/> Approved, _____ hours credit <input type="checkbox"/> Denied, Reason: _____ <div style="text-align: center;"> _____ (Signature of Reviewer) _____ (Date) </div> | |

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|---|--------------|
| SECTION D – Homestudy Program Developer Information | |
| • Program Developer: (List below name, education, experience and/or training relating to this C.E. presentation) | |
| First/Middle/Last Name: | |
| EDUCATION | Total Hours: |
| Name of Educational Institutions: | |
| | |
| | |
| | |
| EXPERIENCE | Total Hours: |
| Type and Nature of Experience: | |
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| | |
| | |
| TRAINING | Total Hours: |
| Name of Training Entities: | |
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Massage Therapy Continuing Education – Objectives

Title of Program: _____

Name of Sponsor: _____

| Learner Objectives: Describe the expected learner outcomes per topic. | CE Hours per Topic: Identify the hours offered for each learner objective. | Subject Matter: Outline the subject matter that corresponds to the objective. Content should be current, accurate, and in logical order. | Teaching Method: List methodologies, learning objectives, and references or bibliographies. |
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